

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	BSC-293
	First Named Inventor	Wagner
	Title	Bioabsorbable Casing for Surgical Sling Assembly

APPLICATION ELEMENTS	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form (1 pg.) 2. <input type="checkbox"/> Small Entity Status <input type="checkbox"/> Applicant claims small entity status <input type="checkbox"/> Status established in prior application and is still proper and desired	ACCOMPANYING APPLICATION PARTS
3. <input checked="" type="checkbox"/> Specification and Drawings [Total Pages 16] - Written Description - (9 pages) - Claims - (2 pages) - Abstract - (1 page) - Sheets of Drawings - (4 pages) <input type="checkbox"/> Formal <input checked="" type="checkbox"/> Informal	
4. <input type="checkbox"/> Oath or Declaration [Total Pages] a. <input type="checkbox"/> Newly executed (original) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <i>[Note Box 5 below]</i>	8. <input type="checkbox"/> 37 CFR 3.73(b) Statement (<i>when there is an assignee</i>) <input type="checkbox"/> Power of Attorney 9. <input type="checkbox"/> English Translation Document (<i>if applicable</i>) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Drawings [Total Sheets]
5. <input type="checkbox"/> Incorporation by Reference (usable if Box 4b is checked) The entire Disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	12. <input checked="" type="checkbox"/> Return Receipt Postcard (<i>specifically itemized</i>) 13. <input type="checkbox"/> Certified Copy of Priority Document(s) (<i>if foreign priority claimed</i>) 14. <input type="checkbox"/> Nonpublication Request Under 35 U.S.C. 122(b)
6. <input checked="" type="checkbox"/> Application Data Sheet (2 pgs.) 7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <input type="checkbox"/> Computer Readable Form (CRF) <input type="checkbox"/> Paper Copy (identical to computer copy) <input type="checkbox"/> CD (2 copies) (identical to computer copy) <input type="checkbox"/> Statement verifying identity of above copies	15. <input type="checkbox"/> CD in duplicate for large table or computer program 16. <input type="checkbox"/> Other:

17. ☐ If a CONTINUING APPLICATION: Amend the specification by inserting on page 1, before the first line, the sentence:
 --This is a

☐ continuation ☐ divisional ☐ continuation-in-part of prior application Serial No. _____ / _____, filed on _____, the entire disclosure of which is incorporated by reference herein.--

Priority to the above application(s) is claimed under 35 U.S.C. 120.

Prior application information: Examiner: _____. Group/Art Unit: _____.

18. ☐ Priority - 35 U.S.C. 119

☐ Priority of application Serial No. _____ filed on _____ in _____ is claimed under 35 U.S.C. 119.

☐ The certified copy has been filed in prior U.S. application Serial No. _____ / _____ on _____.

☐ The certified copy will follow.

CORRESPONDENCE ADDRESS	SIGNATURE BLOCK
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100 Customer No. 021323	Date: July 31, 2003 Reg. No. 44,244 Tel. No.: (617) 248-7044 Fax No.: (617) 248-7100 Respectfully submitted, <i>Ronda P. Moore D.V.M.</i> Ronda P. Moore, D.V.M. Attorney for the Applicants Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110

22313-1450
 10/631364
 07/31/03

FEE TRANSMITTAL
FY 2003

Complete if Known	
Application Serial Number	Not yet assigned
Filing Date	Herewith
First Named Inventor	Wagner
Group Art Unit	Not yet assigned
Examiner Name	Not yet assigned
Attorney Docket No.	BSC-293

METHOD OF PAYMENT

1. ☒ Payment Enclosed:
☒ Check ☐ Money Order ☐ Other

2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.
☐ Required Fees (copy of this sheet enclosed).
☒ Additional fee required under 37 CFR 1.16 and 1.17.
☒ Overpayment Credit.
3. ☐ Applicant claims small entity status.

FEE CALCULATION**1. FILING FEE****Large Entity**

Fee (\$)	Fee Description	Fee Paid
750	Utility filing fee	750.00
330	Design filing fee	
160	Provisional filing fee	

	Number Filed	Number Extra	Rate	Amount
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Total Claims 18 - 20 = 0 x \$ 18.00 = 0.00

Independent Claims 2 - 3 = 0 x \$ 84.00 = 0.00

☐ Multiple Dependent Claim(s), if any \$280.00 =

TOTAL: 750.00

SMALL ENTITY DISCOUNT:

SUBTOTAL (1) (\$ 750.00)

2. AMENDMENT CLAIM FEES

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
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Total - = x \$ 18.00 =

Indep. - = x \$ 84.00 =

☐ First Presentation of Multiple Dep. Claim + \$280.00 =

TOTAL: (\$)

SMALL ENTITY DISCOUNT: (\$)

SUBTOTAL (2) (\$ 0.00)

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte reexamination	
110	55	Extension for reply within first month	
410	205	Extension for reply within second month	
930	465	Extension for reply within third month	
1450	725	Extension for reply within fourth month	
1970	985	Extension for reply within fifth month	
320	160	Notice of Appeal	
320	160	Filing a brief in support of an appeal	
280	140	Request for oral hearing	
130	130	Petitions to the Commissioner	
180	180	Submission of Information Disclosure Statement	
750	375	Filing a submission after final rejection (37 CFR 1.129(a))	
750	375	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	
110	55	Submission of Terminal Disclaimer	
Other fee (Specify)			
Other fee (Specify)			

SUBTOTAL (3) (\$ 0.00)

SUBTOTAL (1) 750.00

SUBTOTAL (2) 0.00

SUBTOTAL (3) 0.00

TOTAL (\$ 750.00)

CORRESPONDENCE ADDRESS

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 Fax No.: (617) 248-7100

SIGNATURE BLOCK

Date: July 31, 2003
 Reg. No.: 44,244
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Respectfully submitted,

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